

### EASTERN AREA IARR CHECKLIST FOR INJURIES

**EACC Fax: 414-944-3838/ E-mail:** [**wieacc@fs.fed.us**](mailto:wieacc@fs.fed.us)

|  |  |
| --- | --- |
| Injured Person’s Name: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reporting Date: | |  | | Time |  | |
|  |  | |  | | |  |
| IARR: |  | | Contact Phone #: | | |  |

|  |  |
| --- | --- |
| Crew Name and Number: |  |

|  |  |
| --- | --- |
| Injured Person’s Agency / Unit |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Name |  | Incident Number: |  |

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| --- | --- | --- | --- |
| Injury Date: |  | Injury Time: |  |

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| --- | --- | --- | --- | --- |
| Nature and Cause of Injury: | |  | | |
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|  | | | | |
| Treatment Facility: |  | | Phone Number: |  |

|  |  |
| --- | --- |
| Treatment: |  |
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| --- | --- | --- | --- | --- |
| Current Status (check one): | | | | |
| At Medical Facility |  | | Date: |  |
| Return to Regular Duties |  | | Date: |  |
| Assigned to light duty for |  | #days | Date |  |
| To be demobilized |  | | Date: |  |
| Follow-up Notes: | | | | |
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2/28/2019